TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT REQUIREMENTS CONTROL SYMBOL PART X - INJURY/OCCUPATIONAL ILLNESS DATA CSOCS-309 For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA. 1. DEGREE OF INJURY (Check only the most severe injury) Fatal First Aid Only d. a. Days Away From Work Missing and Presumed Dead b. Permanent Total Disability e. Restricted Work Activity Permanent Partial Disability f. Medical Treatment Above First Aid 2. NUMBER OF LOST WORKDAYS a. Days Away From Work b. Days Hospitalized c. Days of Restricted Activity 3. UNCONSCIOUS Min None 4. AMNESIA Hrs Min None Hrs 5. INJURIES Injuries Mechanism Cause Factors Seq Body Region Primary Secondary Ini Action Qualifier Subject Action Qualifier No. Aspect Aspect Type/Result g. d e. 6. REMARKS (Use additional sheet if required) 7. AUTOPSY Yes 9. DUTY STATUS On Duty 8. CAUSE OF DEATH / DATE OF DEATH PERFORMED No Off Duty 13.GENDER 14. DUTY 10. NAME (Last, First, MI) 11. SSN 12. GRADE b. HOME ADDRESS 15a. SVC c. DOB (YYYYMMDD) d. DATE HIRED (YYYYMMDD) g. ADDRESS & NAME OF HOSPITAL e. TIME EMPLOYEE BEGAN WORK f. WAS EMPLOYEE TREATED IN EMERGENCY ROOM? Yes No h. ATTENDING PHYSICIAN i. LOG NUMBER 16. UIC 17. CASE NO. a. Date (YYYYMMDD) b. Time c. Acft Serial No. 18. OTHER ACFT SERIAL NO. 19. INJURY COST